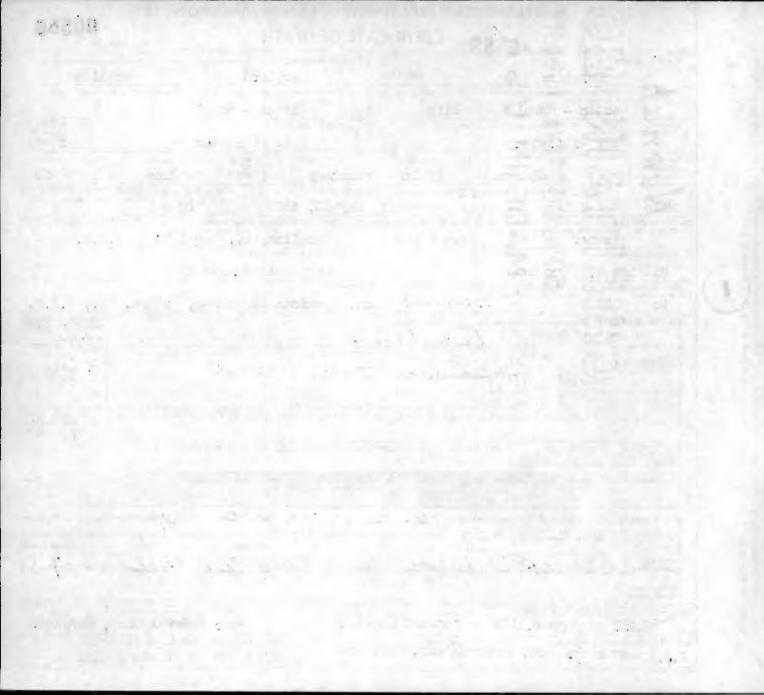
		658	CEKTIFI	CAII	OF DEATI	n		Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	Caroline		MARYLAN		usual residence (W. o. STATE Mary]	_	l lived. If institution b. COUNTY	0	nce befo		ion)
RURAL and give no	f outside corporate limi egrest town) ton - Rura		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	outside corpor		URAL ond	give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street a		1	d. STREET ADDRESS	Willis					FARM?
3. NAME OF DECEASED (Type or print)	Clas	rence	Middle Edw in	Bear	uchamp	4. DATE OF DEATH	Mon Jun		De 2	4	Yeor 1 5 59
s. sex Male	6. COLOR OR RACE White	7. MARRI	DIVORCED		ay 23, 1880		9. AGE (In years lost birthdoy) 79 yrs.	Months Months	Doys	Hours	ER 24 HRS Min.
during most of port	ON (Give kind of work a king life, even if retired TMET	ione 10b. K	Farm Owner	IDUSTRY			Maryland		J.S.		OUNTRY
13. FATHER'S NAME William	H. Beauchar	ap		14	Mary Bel		ivan				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of a	ervice!	OCIAL SECURITY NO. 20-34-9497		. Araminta	Beauch	namp, Den		Md.	, R.1	F.D.
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		for (o), (b), and (c).]	by	1 1 10	*			INT	ERVAL BE	TWEEN
Conditions, if a gove rise to i couse (a), stating lying cause last,	mmediate (Hyp	erlensive	_ ##	east A	slva	e.		3	s qui	0
PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(o)	PERFC	AUTOPSY PRMED?
The state of the s	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Part I or Part	t (I of item 18.)				
ZOc. TIME OF INJUR	Y Month, Day, Yes	While of work	Not while		OF INJURY (Home, farr street, office bldg., etc		or town)		(County)		(Stote
alive on	at I attended the	decease	700		, 1959, to	M, from	the causes an	d on th			
PHYSICIAN'S NAME (Type)	auson	07	eorge	M.D.	\sim	ento	ie n	A.		6-4	-59
220. BURIAL, CREMATIO REMOVAL (Specify)	June 5,		22c. NAME OF CEMETER	y or cr	EMATORY DIY		non (City, town, r Federa			(Stot	
23. FUNERAL DIRECTOR	s signature m and Son,	Feder	ralsburg, Mar	ryla	nd 24a. REC	D BY REGIST	RAR 24b. REGI		IGNATU	IRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 haurs after death. Page 4 may be retained by the haspital attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death.

**hin 24 haurs after death. Page 4

VS A15 (4) 1SM 9/SB



220. BURIAL, CREMATION, 22b. DATE THEREOF

23/FUNERAL DIRECTOR'S SIGNATURE

116581

Onesiter, M.D. Conesiter, M.D. Conesit						Made Mist.	140.		
A STREET ADDRESS SECURITY CONTROLLING Country Co	MARYLAND			ased lived. II b. C	institutio	ni Residence Carol:	before ode	nissian)	
d STREET ADDRESS None No									
BICKIING B. DATE OF BIRTH P. AGE (in years left withday) DIVORCED 2/12/1870 IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Maryland I. MOTHER'S MAIDEN NAME I. MOTHER'S MAIDEN NAME NO Record OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO. 17. INFORMANT Address 230 E. 12th. OCIAL SECURITY NO.		13	DORESS	е					
DIVORCED 2/12/1870 Sub birthdory Months Days Hours Min. Ith D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Waryland U.S.A. I.A. MOTHER'S MAIDEN NAME NO Record NO Recor			4. DA	TE ATH	_				
Maryland 14. Mother's Maiden Name No Record OCIAL SECURITY NO. 17. INFORMANT OCIAL SECURITY NO. 17				9. AGE (rthday)				
No Record OCIAL SECURITY NO. 17. INFORMANT OCIAL SECURITY DESCRIPTION OCIAL SECURITY NO. 17. INFORMANT OCIAL SECURITY Eddystone, Pa. INTERVAL SETWEEN ONSET AND DEATH ONS			-	an country)					
Atherosclerotic Cardiovascular Dis. DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) JURY OCCURRED Of PLACE OF INJURY IHome, form, lot while of work of the part 1 of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot will of work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot will of work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the decease of form of the decease of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OF PLACE OF INJURY IHome, form, lot work of the part 1 of item 18.) JURY OCCURRED OCC				Reco	rd				
Atherosclerotic Cardiovascular Dis. Contributing to Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed? Yes no Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed? Yes no Death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed? Yes no Death but not related to the form of injury in Part 1 or Part 11 of item 18.) JURY OCCURRED Not white at work of injury in Part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 or Part 11 of item 18.) JURY OCCURRED focus proving in part 1 or Part 11 or Part			nd Doug	herty				12th. Pa.	
Dis. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEBT NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEBT NO	-	onary O	cclusio	n					
COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO JURY OCCURRED ON PLACE OF INJURY IHome, form. Foctory, street, office bldg., etc.) Of from, June 1 1955 to June 19, 1959, that I lost saw the decease on that death accurred at A, from the couses and on the date stoted above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ON THE SIGNET OF			rotic C	ardio	vasc	ular			
PERFORMED? YES NO PERFORMED. Y	Dis	,							
JURY OCCURRED Occurred 20e. PLACE OF INJURY IHome, form. 20f. (City or town) (County) (State)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	EASE CONDIT	TION GIV	EN IN PART 1	PER	FORMED?	
Not while of work of foctory, street, office bldg etc.] d from June 11 , 1955 to June 19 , 1959 that I lost saw the decease ond that death accurred at A. M, from the couses and on the date stoted above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE Greensboro, Md. 6/20/59 Date Signe M.D. 22c. NAMPOS CEMETERY OF CREMATORY Greensboro, Maryland	RIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Part I or	Part II of iten	n 18.)				
And that death accurred at A. M. from the couses and on the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE Greensboro, Md. 6/20/59 Desirer, M.D. 22c. NAMPOS CEMETERY OR CREMATORY Greensboro, Maryland	Nat white fa-			(City or town)		(Co	inly)	(Stale)	
ADDRESS (Street, city or town, state) DATE SIGNE Greensboro, Md. 6/20/59 Desirer, M, D. 22c. NAMAOP CEMETERY OR CREMATORY Greensboro Greensboro, Maryland									
22c. NAMPOR CEMETERY OF CREMATORY Greensboro, Maryland (Stote)	1'		ADDRES	\$ (Street, city	or lown,	state)		DATE SIGNED	
Greensboro Greensboro, Maryland	nesifer, M.	D.						that rock that the room that digit room that has a	
ADDRESS 24- DECID BY DECISTOR 24- DECISTORS'S SIGNIATIONS	-					25	7 .	itate)	
pologo Mcl. Date 240. REGISTER 246. REGISTERAR'S SIGNATURE CITCHEN S. Firms	ADDRESS Maloro M	rel.		GISTEAR 2	4b. REGIS	STRAR'S SIGN	Kraus		

VS A15 [4] 15M 9/55

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3000		- 31 4 4 7 2		
	W 5044			
		M493	A Transfer	

FOR STATE HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5590 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06582

Reg. Dist. No.

o. COUNTY	Caroli	ne	MARYLAND	o. STATE Mar	yland	b. COUNT			lin	
b. CITY OR TOWN	(If outside corporate limits, write is Sboro		TH OF STAY IN 16	c. CITY OR TOWN	2	orole limits, write	RURAL o	nd give r	iearest to	iwn)
d. NAME OF HOSP	TAL OR INSTITUTION (II	nat in hospital, give	street address)	d. STREET ADDRESS		one	- July - you		ON	A FARAS
3. NAME OF DECEASED (Type or print)	None Pearl	Mar	Middle garet	Boyd	4. DATE OF DEATH	Month 6	1	Doy 13	1	Year 1959
5. SEX	6. COLOR OR RACE	-	EVER MARRIED [] 8			9. AGE (In years loss birthday)	IF UNDE Months	R IYEAR Days		DER 24 HRS.
Female 100. USUAL OCCUPAT	ION (Give kind of work do		USINESS OR INDUST	Feb. 13	1903 te or foreign co	56 yrs.	12. CI	TIZEN O	F WHAT	COUNTRY
Housewi 13. FATHER'S NAME	ing life, even if retired) <u>fe</u>	Non	e	Maryl			U	LS.	Α.	
13. FAIRER S NAME	Isaac Qu	illen		14. MOTHER'S MATDEN		Michael				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		ECURITY NO. 17. R	FORMANT	(142)	Address		no de la local de la composition de la		
Conditions, if gove rise to imm (o), storing the cause lost. PART II. O	ediole couse	Princt	TELL SUT N	ft Lu OUT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	'EN IN PA			AUTOPSY ORMED?
200. EXTERNAL COMPRIMARY FOR CAUSE OF DEATH 200. TIME OF INJI 200. TIME OF INJI 200. TIME OF INJI 21. I certify	URY Month, Day, Year	20d. INJURY OF	CCURRED 20e PLAT	nter noture of injury in P. e Stood by EE OF INJURY (Home, Fo pry, street, office bidg., e Macus St ve, held on Autor	Rte 48	30, near	Ca	hor	me.	(Stote) Online id in my
ACTUAL SIGNATURE EXAMINER'S	Dawson O.	de orge	, Accident	M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA	ICAL EXAMINE	<u>,</u> 0	rmined	manne	DATE S	signed 4-59
220. BURIAL, CREMATI REMOVAL (Specif	ON. 276. DATE THEREOF	22c. NAM	enshoro	CREMATORY	-	TION (City, town,		-	(Stot	•}
REMOVAL (Specific Burial 23 UNERAL DIRECTE	" 6/16/59	Gree ADD	ensboro PRESS	24o. RE	-	ensboro RAR 246. REGIS	Ma	TV]	and	•)

TO DEPUTY MEDICAL EXAMINER: This pertificate should be executed within 24 hours after meath. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 19 the funeral director. Page 4 should be farwarded to the Liner Medical Examiner's Office along with form PM3. Page 5 hay be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Meelth. or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6591 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. N. 6583

1.	PLACE OF DEATH o. COUNTY	Caroline		MARYLAND	O STATE		where decear y Land	ed lived. If institu b. COUNT	and.	olin	,
	b. CITY OR TOWN (If and give negres) town PTOS	ton - Rura	RURAL	c. LENGTH OF STAY IN 16 37 YEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) × Preston — Rural						
		AL OR INSTITUTION (I	f not in ho	pital, give street oddress)	Non A FARM?						o, IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Fin Del		Middle	Davi	st .S	4. DATE OF DEATH	June)	Doy	Year 19 59
	sex Female	6. COLOR OR RACE Negro	7. MARRI	ED NEVER MARRIED [3]	B. DATE OF BIRT		1903	9. AGE (In years lost birthday) 55 yrs.	Months C		F UNDER 24 HRS. Hours Min.
100	during most of working Day Work	ON (Give kind of work of life, even if retired) ON Farm an	done 10b. 1	CIND OF BUSINESS OR INDUS		rida	e or foreign c	ountry]		S.A	WHAT COUNTRY?
13.	FATHER'S NAME Unknown				14. MOTHER'S	S MAIDEN	NAME				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates of	(egivnes	SOCIAL SECURITY NO. 17. 217-36-1287	informant Rooseve	lt Wa	shingt	on, Presi	ton, M	d.,,	R.F.D.
	PART I. DEAT	inderlying DUE TO	se per line	for (o), (b), and (c).]	umo	ni	ı			INTERV	AL BETWEEN AND DEATH CLRLYS—
CERTIFICATION	PARY II, OTH 200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ISE WAS 20		E HOW INJURY OCCURRED.					EN IN PART		WAS AUTOPSY PERFORMED? S NO
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	White		ACE OF INJURY tory, street, office	(Home, formation bldg., etc.	m. 20f. (City	or town)	(Cour	ity)	(Stole)
2				remains described about Accident . Su	icide [],	MEDICAL E		nspectian [], ndetermined c	Inquiry ause .		and find that DATE SIGNED
220	BURIAL CREMATION REMOVAL (Specify)) // (1959	22c. NAME OF CEMETER OF Johns Cemeter	CREMATORY	Y MEDICAL	22d. LOCA Nea:	TION SCITY, town, or restor	or county)	ylan	(Stote)
23.	FUNERAL DIRECTOR	1.		ADDRESS Mar	yland	24a. REC	D BY REGIST		STRAR'S SIGI		

VS. A15ME(5) 5M 9/55 MEDICAL SYARDING CONTINGATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 116584

		o. COUNTY Caroline MARYLAN	o. STATE Mary Land	COUNTY Carolina (County Carolina)
	t	b. CITY OR TOWN (If outside carporate limits, write RURA) and give nearest town) 1 1 9 - 4 4 9 - 4 4 4 1 - 4 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 - 4 4 1 -		its, write RURAL and give nearest tawn)
	(d. NAME OF HOSPITAL (If poli in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS Main	e. IS RESIDENCE ON A FARM? YES NO 12
	-	NAME OF DECEASED (Type or print) LeoLan Middle	ackson death	June 9 1959
	S. S	SEX 6. COLOR OR RACE 7. MARRIED [INEVER MARRIED [Make White widowed DIVORCED [1 8. DATE OF BIRTH 9. AGE lost 8	(In years IF UNDER 1 YEAR IF UNDER 24 MRS. birthday) Months Days Hours Min.
	1	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIMISTALE FATHER'S NAME	DUSTRY 11. EIRTHPLACE (Stole or foreign country) North Catolin 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? 21 S CL
	15	Henderson Jackson	Barbarao	Weil Bollome
	(Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If you give wor or dales of service) None None	John H. Jackson	1221 Southvie yv Rol
	NO.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (c), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	Lestic Hear	INTERVAL BETWEEN ONSET AND DEATH ONSET
)	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Port I or Port II af its	PERFORMED? YES NO 2
	یہ	(IF CITIER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	n) (County) (State)
		21. I certify that I attended the deceased fram V. C. C. alive on J. C. C. C. 1959, and that de ACTUAL SIGNATURE CHARLES HOUSE CHARLES H. M. C. C. PHYSICIAN'S NAME (Type)	oth accurred at M, from the ADDRES (Street, cit	causes and an the date stated abave. by or town, stote) PATE SIGNED COLLY COLLY ATE COLLY COLL
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER (CALLED CONTROL OF C	emetry st. m	ity, town, or county) (5thie)
	13.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	1240. REC'D BY REGISTRAR 10 PATEJUN 1 2 '59	246. REGISTRAR'S SIGNATURE

may be retained by the hospity offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PUXSICIAN: The law requires that the death certificate be execute VS A1S (4) 15M 9/SS

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etely filled in by the funeral director, Pages 1 and 2 shauld be filed with

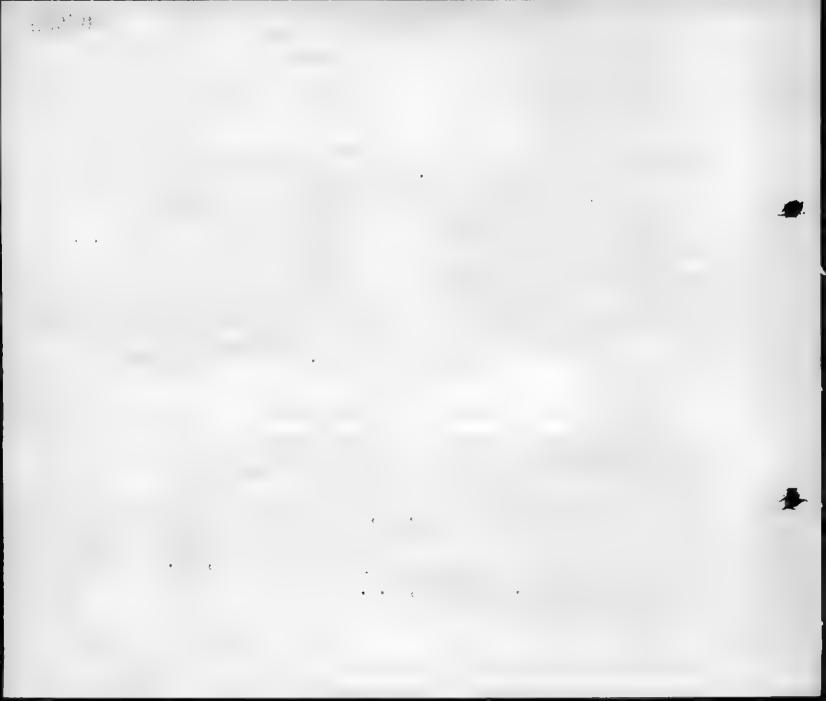
ithin 24 haurs after death. Page 4

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VS A15 (4) 15M 9/55

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	000	(1)						Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Caroline	f	MARYLAND	- 15	usual residence (Who state Mary)		d lived If instituti b. COUNTY	Carol	before odmission)	
b. CITY OR TOWN RURAL and give Hender	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY IN 16	- II	c. CITY OR TOWN (IF o		role limits, write R	URAL and giv	e nearest town)	
d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospital, give None		oddress)	/	d. STREET ADDRESS	•	None		e. IS RESIDENCE ON A FARM YES NO-	ξ .
3. NAME OF (Type or print)	Bertha Fina		Middle G •	J	losi ames	4. DATE OF DEATH	Mor 6	eth	11 195	9
s. sex Female	TTT9 .F # .	7. MARR	IED A NEVER MARRIED D		ATE OF BIRTH v. 8,1877	7	9. AGE (In years last birthday) yrs,	- The second second	YEAR IF UNDER 24 Hours Mi	IRS
100 USUAL OCCUPAT duping most of wo HOUS OW	rking_life, even if retired)	ine 105	KIND OF BUSINESS OR IND None	USTRY	Delawar	-	ountry)		S.A.	uTRY:
13. FATHER'S NAME			_	14	MOTHER'S MAIDEN N					
	Hynson (Sallie	Moor				
15 WAS DECEASED EV	/ER IN U. S. ARMED FORCE (If yes, give war or dates of sen	(a)		ank	tey S. Jan	nes	Henders		aryland	
	EATH (Enler only one count EATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO	S	quamous cel		arcinoma	of t		ix	INTERVAL BETWEEN	H
Conditions, if	ony, which) (b)_	0	nvading the first the pelvi	C S	gina. Me	tast	atic ca	rcino	ma	
cause (a), stating										
PART II O	1/	TIONS C	ONTRIBUTING TO DEATH B	JT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOP PERFORMED: YES NO	?
	VAS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCUR	RED (Er	iter nature of injury in P	ort I or Par	t II of item 1B.)			
ZOc. TIME OF INJU	10	20d. IN While at work	Not while	PLACE (foctory,	OF INJURY IHome, form, street, office bldg., etc.	, 20f. (Cil)	ar town)	(Co.	unty) (SI	ale)
21. I certify t	that I attended the c	decease	ed from Dec. 1	5,1	., 19 <u>58 jo</u>	une	11 . 19 5	9that I la	st saw the dece	ase
alive on	June 11	, 12_	59,_, and that dea	th acc					date stated ab	ove
ACTUAL SIGNATURE	harles H	5	Firenfee	_M.D.			reet, city or town,	state)	6/12/59	GNE
PHYSICIAN'S NAME (Type)	Charles H	.St	onesifer, M	. D.		P . des jós en en eig en ép				
220. BURIAL, CREMATI	ON, 226. DATE THEREOF	9	Greensbor		EMATORY		nsboro		(Stote) yland	
23 FUNERAL DIRECTO	R'S SIGNATURE	2/3	ADDRESS)		BY REGIST	RAR 24b. REGI	STRAR'S SIGN	4 4	



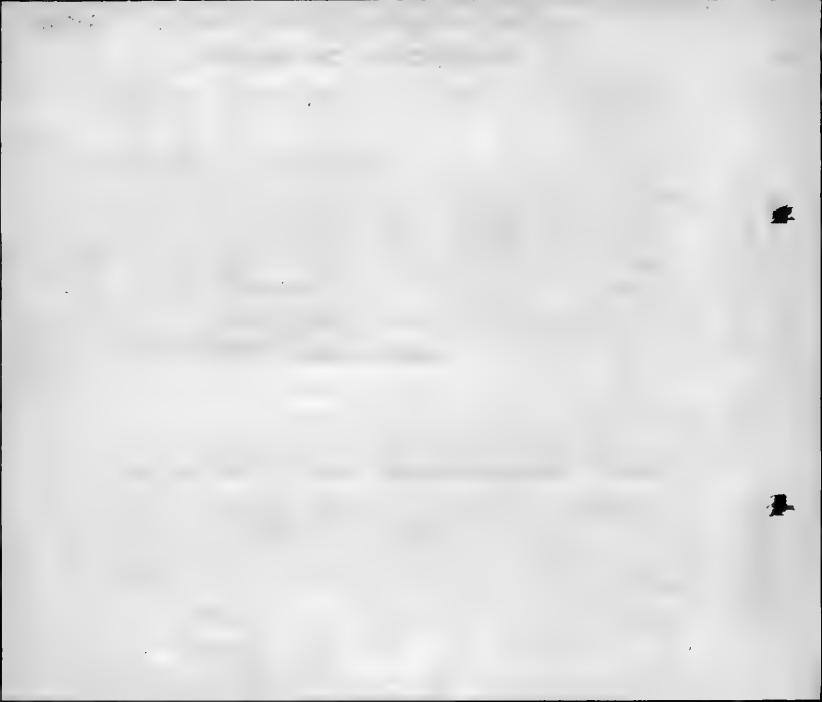
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06586

CERTIFICATE OF DEATH

Reg. Dist. No.....

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DEREASED
	COUNTY COLOR MARYLAND	STATE Meryla COUNTY Caroli
	CITY (If outside corporate limits, with RURAL LENGTH OF STAY OR and give nearest lewn) (in this place)	CITY (If outside copograte limits write RURAL and give nearest town)
	OR and give nearest tewn) TOWN (in this place)	X TOWN
. 1	HOSPITAL OR	STREET (If rural give location)
	INSTITUTION OR STREET ADDRESS	ADDRESS
- 1	3. NAME OF (First) / (Middle)	(Layl) 4. DATE (Month) (Day) (Year)
	(Type or Print) BMILY HANNAH	DMMEY DEATH June 28 1,59
	5. SEX 6. COLOR OR 7 SINGLE, MARRIED, P. DATE OF	BIRTH 9. AGE last birthday 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	F- RACE WIDOWED, OVORCED, (Special) Loved lan	7 1887 7Z y/s. Months Deys Hours Min.
.,	10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Л	done during most of working life, even if retired	Country A
ı	13. FATHER'S NATURE	14 MOTHER'S MAIDEN NAME
I.	M. I all live	(1) the (d) we known
	MAREIN O. JP 20-7	11/000/10/10
- 1	15. WAS DECEASED EVER IN U. ST ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
-1	(Yes, no, or unk.) (If Yes, give war or detes of service)	1425. Costa he Clymenter
	38. MEDICAL CERT	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	IMMEDIATE CAUSE (A) Coronary	account 1/2 to
	DISEASES OR CONDITIONS, IF ANY, (B) Company of 14 Election	1 Descree 4 mm
_	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	7.00
	STATING UNDERLYING CAUSE LAST. (C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
-1	19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-		YES NO
-1	21e. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, ferm, factory, 21	c. WHERE DID (NJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 2	II. HOW DID INJURY OCCUR?
- 1	M. et work at work	
	22. I hereby certify that I attended the deceased from.	19.55 to Juliu 25, 19.59, that I last saw the deceased
-71		
10.M	SIGNATURE	ADDRESS (Sign), city, town, state) DATE SIGNED
1-55 10	Mauson OTLONGE M.D.	Duley mp 6-30-59
5	23. BURIAL, CREMATION, RATE THEREOF NAME OF CEMETERY OR C	REMATORY (City, lown, or county) (Slete)
A15C	(Txirel 12, 30, 95) Inter	5 10 8 led
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. RUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE JUL 2 '59 /Citing & Kyana	The there the Do
J.	DATE JUL 2 59 / Colling & Frank	1 1 March 1 1 March 1920



ATTC 1-55 10M.

ΥS

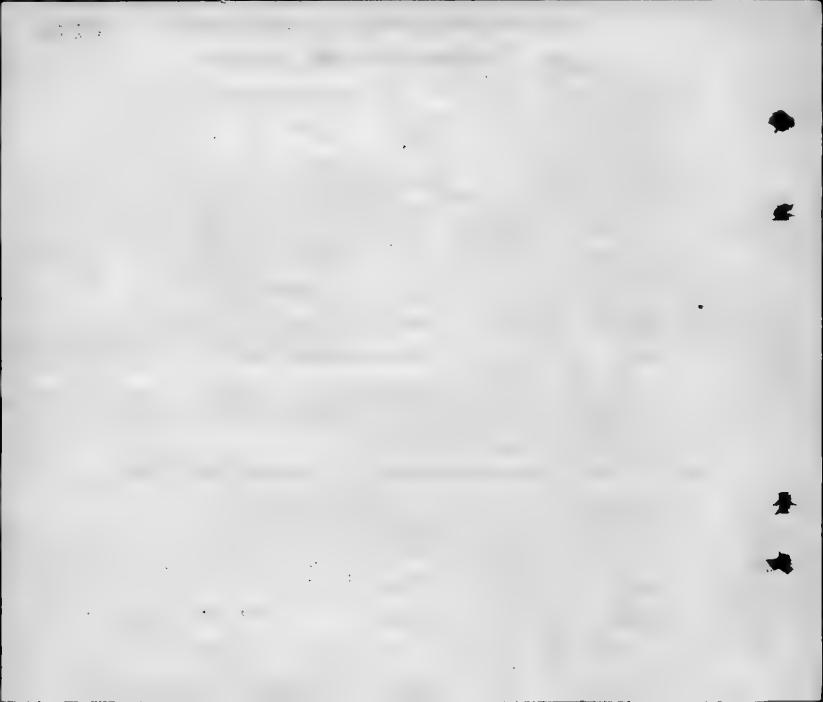
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06587

Reg. Dist. No.....

6595 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (AROLINE MARYLAND	STATE OPACULAND COUNTY CAROLINE
CITY (II outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside comparate limits, write RUBAL and give nearest town)
TOWN Color and state town 15 BORD (in this place)	X POWN GREENS GORO
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS RIBBETT NUCLING HIM	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yaar)
(Type or Print) LY DIA SIOKER	TATRICK DEATH JUNE 30 1959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE OF	110
1 (Specify) Un a lieg	5 Months Deys Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	1. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, eyen if OR INDUSTRY	Marola & County
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The month of myself transfer
15 MAS DECEMBED THE MAN TO THE PARTY HE	My Cuowa
15. WAS DECEASED EVER IN U. S. ARMED ORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT ADDRESS
not _	Tarle Jawson, Cordova Ma,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
K IMMEDIATE CAUSE (A) Carcartoras	of breast ich
ANTECEDENT CAUSE(S) DUE TO generalize	d metast: tir
DISFASES OR CONDITIONS IF ANY (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	and it is all
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216 ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY strael, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or lown) (Caunty) (State)
	1f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from	, 19.55 , to June 30, 19.59 , that I last saw the deceased
alive on. J.13e29., 1959, and that death occurred at	1.1.5P.M. from the causes and on the date stated above
SEGNATURE	ADDRESS (Streat, city, town, state) DATE BIGNED
(turk H Streenter M.O.	Or semsboro, 116. July 1,10.0
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	
BANOVAL (SPECIFY)	6:00 D. h. B
24, REC'D BY REGISTRAR' REGISTRAR'S SIGNATURE	AS. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
JUL 7 '59 Kill & Kims	11 00 100
DATE DOL 1	Prince Victorial Vireley



VS. A15ME(5) 5M 9/55

Item 20 Film ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

#6588

200	Dist.	Ma	
N. WINGS	WIDE.	FWO.	

), PLACE OF DEATH o. COUNTY CA	roline 6	596 MARYLAND	II O STATE	E (Where deceased) Mary-Land	b. COUNTY (Residence before odn Caroline	Histor)		
b. CITY OR TOWN (III	urg - Bural	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural					
	at or institution (if not it ton Branch Ro	n hospital, give street oddress)	d. STREET ADDRES	on Branch	Road	ON	A FARM?		
3. NAME OF DECEASED (Type or print)	Frod	Middle	Sheridan	4. DATE OF DEATH	June	,	feor 19 59		
5. sex Male	White wo	ARRIED NEVER MARRIED NEVER MARRIED DIVORCED	January 29	, 1875	Mon	ths Days Hours	Min.		
10o. USUAL OCCUPATION during most of working to the time of time of the time of time o	ON (Give kind of work done to life, even if retired) UNDOYET IN	06. KIND OF BUSINESS OR INDUSTRY M_{111}	Sussex	County,	olaware	U.S.A.	COUNTRY?		
13. FATHER'S NAME Unk	nown		14. MOTHER'S MAIDE Unkno						
{Yes, no, or unknown}	ER IN U. S. ARMED FORCES? (If yet, give wor or dates of service) 		nformant rs. ^O liver	Wright, F	Address ederalsbu	rg, ^{rl} aryla	nd		
Conditions, if a gave rise to immed (a), storing the cause fast.	onderlying DUE TO (c)	AS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE		Vy-Shor	PART 1(0) 19. WAS PERFO	AUTOPSY DRMED?		
PRIMARY Or COL	YES NO X 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Self inflicted gun shot wound to head YES NO X Self inflicted gun shot wound to head								
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause									
ACTUAL SIGNATURE	auson Dy	Teorge	M.D. CHIEF MEDICA	L EXAMINER DICAL EXAMINER	· 1	DATE	59		
EXAMINER'S NAME (Type)		leorge, M.D.		AL EXAMINER DE		U - 1 J	/		
REMOVAL (Specify)	June 14,19	22c. NAME OF CEMETERY OF BLOOMERY Cen	netery		l (City, town, or cou ederalsbu		e)		
J.J.Frampt		ADDRESS deralsburg, Mary	-Tand	EC'D BY REGISTRAR JUN 1 6 '59		'S SIGNATURE			



Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) n. COUNTY o. STATE Maryland b. COUNTY Caroline MARYLAND Caroline b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Federalsburg 27 years Federalsburg d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS a 15 RESIDENCE OR INSTITUTION 301 Buena Vista Avenue ON A FARM? 301 Buena Vista Avenue YES NO R NAME OF Middle 4. DATE Lost Month DECEASED June 59 Stowell Winafred Tschantre DEATH (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH lost birthdoy) Months Hours August 19, 1909 White Female WIDOWED I DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Home Cambridge, Maryland Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa B. Meredith Leon E. Tschantre 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address John W. Stowell, Jr., Federalsburg, Maryland 218-20-7478 TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? YES 🗀 NO 📉 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port 1 of Item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Day. Year (County) (Stote) foctory, street, office bldg., etc.) WEDI Hour a.m. Not while at work at work 21. I certify that I attended the deceased fram ... ___ 1927that I last saw the deceased death occurred at 3:50PM, from the causes and an the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Will Crest Cemetery Federalsburg, Maryland June 20,1959 Burial 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE J.J.Framptom and Son, Federalsburg, Maryland

DATESIN 2 5 '59

Called

director perol

ā burial-transit

physicio

ō

0 2 plaods FUNERAL 9 VS A15 (4) 15M 9/5R



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital physicion.

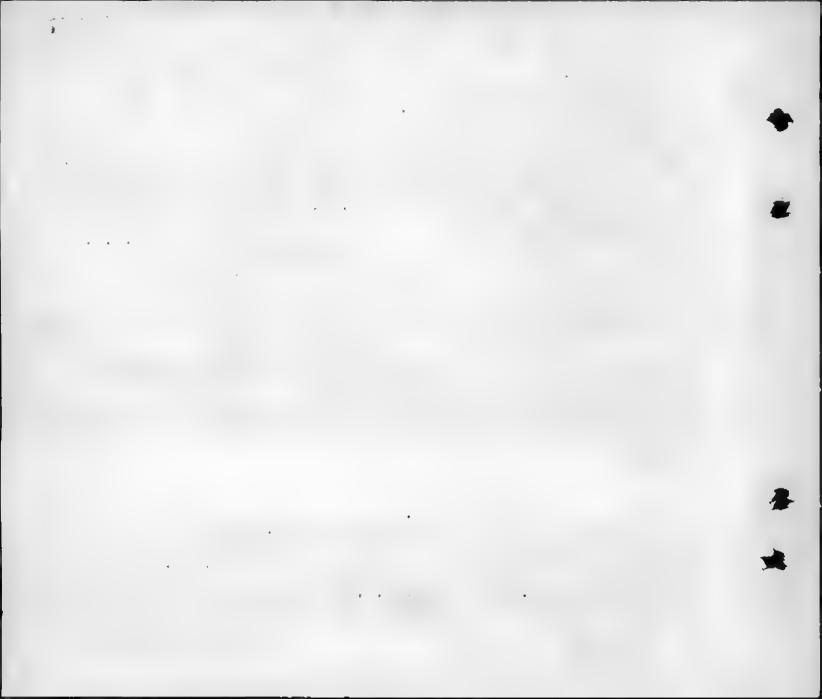
TO FUNERAL DIR DR. After the entitione has been signed by the attending physician and confidely filted in by an annead director, page 3 should an entitle of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after Death. K

VS A15 (4) 15M 9/S5

		MAR	YLAND STA	TE DEPARTM	ENT OF	HEALTH-	-BALTIM	DRE, 18
			6598	CERTIFICA				R
EATH	~	- 4			2. USUAL R	ESIDENCE (When	deceased lived	if sestitution.

Reg. Dist. 126590

1.	PLACE OF DEATH O COUNTY	0 7 4			O STATE -	IDENCE (Wh	ere deceosed lived		esidence before e	admission)
L		Caroline		MARYLAND		aryla	ınd	b. COUNTY Ca	roline	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) TREEDS DOTO 10 Yrs.		c. CITY OR	TOWN (IF o	utside corporate f	mits, write RURAI	ond give neares	it town)		
L			X Gr	eensb	oro					
Г	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	ive street	oddress)	d STREET	ADDRESS			₩.	IS RESIDENCE ON A FARM?
	OK II43IIIOIIOI4	None			/	None			Y	ES NO
3.	NAME OF	Fi	st	Middle	lo	21	4. DATE	Month	Doy	Year
	DECEASED (Type or print)	J		Walter	Thomas	5	OF DEATH	6	7	19 59
5.	SEX	6. COLOR OR RACE	7 MARE	HED NEVER MARRIED			9. AC		INDER TYEAR IF	
	Lale	White	WIDOWI		Nov. 7	1899	lo		nths Days H	lours Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10h	KIND OF RUSINESS OR INC		7//			12 CITIZEN OF V	WHAT COUNTRY
- L	ane oper	ator Con	Stimi	ation		_		´		THE COUNTRY
ļ	FATHER'S NAME	. 2001 0011	SULU	C 0 1 0 11		yland			U.S.A.	
13.		T TT	mı.		14. MOTHER					
L		James H.				Anni	e E. Ro			
15. [Ye		R IN U. S. ARMED FOR (I) yes, give wor or dates of s			. INFORMANT			Address		
	No		21	7-10-2185	Rose T	nomas	Green	asboro,	Maryl	and
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (a) (b), and (c)]					INTERV	AL BETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		Go	ronary	Thron	nbosis		ONSET	AND DEATH
	420.1	DUE TO								
	Conditions, if a	av which)		Δt	theroscl	enot	Le Cand	iomagan	7.0	
	gove rise to i	mmediate (4.6.1	01101 0001	.0100.	ic dar u	TOVESCE	Lar	
	Lause (o), stating lying cause lost.	the under-		d.i	Lsease					
z		/FR SICALIFICANT CON		CONTRIBUTING TO DEATH B	UT A POT DELATED Y	> THE YEAR	LILL DISCLOS CO.			
8	PART II. OII	TER SIGNIFICANT CON	DITIONS_C	ONTRIBUTING TO DEATH B	DI NOI RECAIED I	D THE LEKWI	NAC DISEASE CON	IDITION GIVEN I		PERFORMED?
ĮŽ.	20 100000000000000000000000000000000000		001 010						Y	ES NO
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY OCCUR	RED. [Enter noture of	ot injury in F	Part I or Part 11 of	item 16.)		
	20c TIME OF INJUR	·	nr 1204 II	NJURY OCCURRED 20e.	PLACE OF INJURY	/H	, 20f (City or to			
MEDICAL	Hour a.m		While	Not while	foctory, street, offic	e bldg., etc))	wnj	(County)	(Slote)
¥	p. m	19	of wor	9 9			1			
	21. I certify th	at_I attended the	decease	ed fram. Jan. 5	1959		June 7	, 19 <u>59</u> .,th	at I last saw	the deceased
	alive on	June 6	, 125	$9_{}$, and that dea	th accurred at	1 P	"M, from the	causes and	an the date	stated above
	6.11	7	01				ADDRESS (Street,			DATE SIGNED
ı	ACTUAL SIGNATURE	enrous H	24	reolite	M.D.	Gree	ensboro	. Md.	6/9/	99
										#L
	PHYSICIAN'S NAME (Type)	Charles H	. St	onesifer, I	I.D.					
220	BURIAL CREMATIO	N. 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	City town, or co	unty)	(Stote)
B	UPEMOVATI(Specify)	6/10/5	9	Greensbor			_	sboro,		. ,
23,	FUNERAL DIRECTOR	S SIGNATURE	0	ADDRESS		24a, REC'I	D BY REGISTRAR		R'S SIGNATURE	114
1	-8.13-	· Care or	192	(man)	10 1		N 1 1 '59		8. Kraus	
4	27,000	CRIDI X	700	KANTED, 1	الرائب	DVIEOU	11 1 0 0			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8590

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Reg. Dist.	No.				

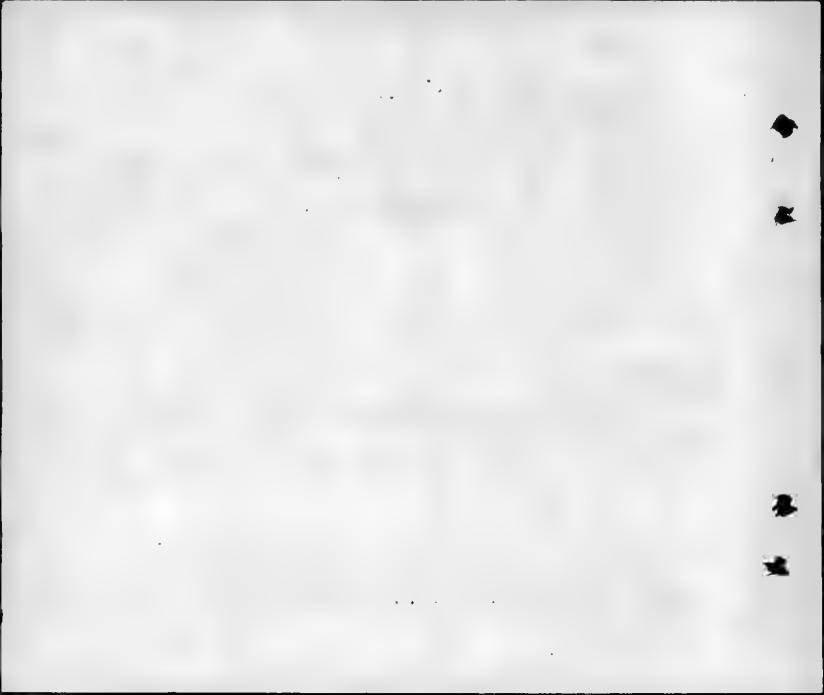
. o. COUNTY Carolin	e . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Res	idence before admission)					
b. CITY OR TOWN (If outside corporate limits, we and give nearest fown). Bethlehear	c. LENGTA OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Unknown						
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street oddress)	d. STREET ADDRESS	o, is residence on a farm? YES NO					
DECEASED	irsi Middle OHN	WILLIAMS OF Found June	Day Year 6 19'59					
5. SEX 6. COLOR OR RACE Male Colored	7- MARRIED NEVER MARRIED 1 WIDOWED DIVORCED	July 31, 1908 7 9. AGE (In yours lift UND) July 31, 1908 7 9. AGE (In yours lift UND) Months	ER TYEAR IF UNDER 24 HRS. Days Hours Min.					
30o. USUAL OCCUPATION (Give kind of worlduring most of working life, even if retired	k done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State ar foreign country) 12. C	ITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED F (14 yes, give wor or dates of		NFORMANT Address						
gave rise to immediate cause (a), stating the underlying cause last.	Undetermined	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	INTERVAL BETWEEN ONSET AND DEATH ART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 12					
	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port L or Port II of item 18.)							
20c. TIME OF INJURY Month, Day, Y. Haur a. m. p. m. 11	While Not while fact	CE OF INJURY (Home, Farm, 20f. (City or lawn) (Cary, street, office bldg., etc.)	County) (Stote)					
21. I certify that I took charg death resulted from: Natural	e of the remains described about causes , Accident , Sui	ove, held an Autopsy, Inspection 😿, Inquicide, Undetermined cause 🕻	oiry , and find that					
ACTUAL SIGNATURE Charle	es S Tette	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED					
	les S. Petty, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/11/59					
220 BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)		22d. LOCATION (City, town, or county) LILICAL SCHOOL, LAETL URE, 11						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	DATE SEP 1 1 '59 CAN						

the functal directions and the factorial for your files.

The registrar print to be reduced to TO DEFUTY MEDICAL EXALINER: This confitted should be consider within thous after deal cute the certificate, writing ward "pending" in pencil in Item 18. Give Pages 1, 2, and 2 forwarded the Chief MSC 26 Examiner's Office along with form PM3. Page 5 may be reform TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fite pages 1 and 2 with

VS. A15ME(5) 5M 9/55

ar remaval.



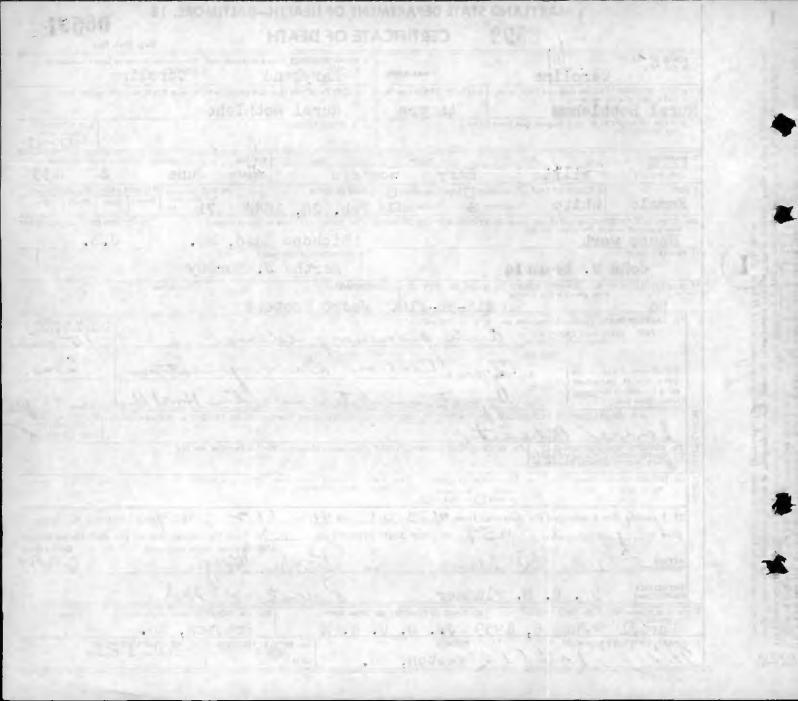
VS A15 (4) 1SM 9/55 N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6599 CERTIFICATE OF DEATH

06591

							traffic means	110.	
1. PLACE OF DEATH a. COUNTY	Caroline		YLAND	2. USUAL RESIDENCE a. STATE Maryla	(Where decease	d lived. If institut h. COUNTY	ion: Residence	befare as	dmission)
RURAL and give	(If outside corporate limits, write neorest town) thlehem	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) X Rural Bethlehem							
	PITAL (If not in hospital, give stre	et oddress)	d STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Willie	Mary		ters	4. DATE OF DEATH	June	nth	2 Dey	Yeor 1959
s. sex Female	17/71_ 2 ± _	RRIED NEVER MARRI		Feb. 28	1888	9. AGE (In years lost birthdoy) 7 yrs.	Months De		INDER 24 HRS. Durs Min.
House 1 13. FATHER'S NAME	NON (Give kind of work done 10 prking life, even if retired)	b. KIND OF BUSINESS C	OR INDUS	Bishops	tote or foreign of Head.			I.S.	HAT COUNTRY
John	n W. Bramble				a J. Mi	irphy			
15. WAS DECEASED EV (Yes. no or unknown)	/ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO 215-36-21	-	Jacob Woo	oters	Add	iress		
	EATH [Enter only one coule per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).	*		dem	~		INTERVA ONSET	L BETWEEN AND DEATH
Conditions, if gove rise to	immediate (hronie Ca	rehi	n De	conj	enset	- in		6 ms.
lying cause lost	g the <u>under-</u>	yperters	u-e	Arteria	level	- Har	et llea	dae	10 7
3 Seave	The last the same	SCONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	VEN IN PART 1	PE	AS AUTOPEY
	VAS UNDERLYING 20b. D IG CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBETHOW INJURY O	CCURRED	. (Enter noture of injury	in Part 1 ar Par	I II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	. Whi	INJURY OCCURRED le Not white ark of work	20e. PLA foct	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(Cou	inly)	(Stote)
21. I certify t	that I attended the dece	TOLE !	1	occurred at	6/ 3 M, from	n the causes o	/		
ACTUAL SIGNATURE	Yuily S	Kenny	N	o Fres	ADDRESS IS	reel, city or town,	stole)		Col419
PHYSICIAN'S NAME (Type)	Dr. H. B.	Plummer		Pres	eton	mo	2.		,
220. BURIAL, CREMATION REMOVAL (Specify Burial	June 5, 10	22c. NAME OF CEMI	ETERY OR			ion/(city, Idwn, I		((Stole)
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	. Mo	24a. R	SUN BY REGIST	RAR 24b. REGI	STRAR'S SIGN	AJURE LEMEA	



TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M*

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06592

Reg. Dist. No.

6600 CERTIFICATE OF DEATH

1. PLACE OF DEATH	
I A Cal S	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CAROLD NE MARYLAND	STATE VACULAND COUNTY DORN TAIR
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	2012013
OR and give (early town) (in this place)	CITY (ill outside corporals limits, write RURAL and give neerest town) OR
TOWN HIS SUSORO ZEHA	TOWN LITTICE ARA
	× 25 7 5 7 00 00 0
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) SARALI ANAA	10 PTLL OF WALK NO TO
- 141:1314 1314 A	WORTH DEATH JINE 27 1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O	F BIRTH 9. AGE fest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED DIVORCED.	5 187 Months Days Hours Min.
1 A Sporthy orwed JUN	26, 10/1 05 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign-country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY O
retired to the terms	mayond USA
13. FATHER'S NAME	14. MOZHER'S MAIDEN NAME
I CAN:	
W (Mary (Kray)	Maria Idaniation
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17) INFORMANT & ADDRESS
(Yes, no, or unk,) (It Yas, give wer or detes of sarvice)	THORMAIN & ADDRESS
(145) 110, Of MIK,) (It fos, give was of adjector	Horace Harry Herro
	Media a proper
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Arterio Scler	osis 10 vr.
ANTECEDENT CALISEES DUE TO	
VINITETERAL CVOST(9)	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, lectory, 2	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	28. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby certify that I attended the deceased from Oct. 2	0. 19 32 to June 29 , 10 59 that I last saw the decorred
alive on June 29, 19. 59, and that death occurred at.	0.300.
	9:30M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Siraet, city, town, state) DATE SIGNED
Cottail Daniella 41	06 Market St., Denton, Md. 6/30/59
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, as county) (State)
LANDER 1010	man to blell to a half
	mound Hellstoro ned
24. REC'D BY REGISTRAR RIGISTRARYS SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JUL 2 '59 / Birthel S. Kraus	Wind by and has the
DATE JUL Z 59	The same of the sa

WART AND STATE DEPARTMENT OF HARTH-OARTHMOTE TE BURN CERTIFICATE OF DEATH THE PARTY OF THE P the state of the property of the state of th